

HIPAA CROSSWALK – DENTAL

Local Code & Modifier Description	Standard Code Description	Remarks
D0050 CHC DENTAL SERVICES	D0120 Basic periodic exam	
D0131 ER TREATMENT CONTROL BLOOD	D0140 Limited oral evaluation - problem focused	
D0132 PERICONITIS PALLIATIVE THERAPY	D9110 Palliative (emergency) treatment of dental pain-minor procedures	
D0212 FULL MOUTH X RAYS	D0210 Intraoral - complete series (including bitewings)	

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Local Code & Modifier Description	Standard Code Description	Remarks
D0221 ONE PERIAPICAL FILM	D0220 Intraoral-periapical-first film	
D0223 TWO PERIAPICAL X RAYS	D0220 Intraoral-periapical-first film D0230 Intraoral-periapical-each additional film	Use both D0220 and D0230.

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D0225 THREE PERIAPICAL X RAYS	D0220 Intraoral-periapical-first film D0230 Intraoral-periapical-each additional film	Use D0220 and 2 units of D0230.
D1001 PROPHYLAXIS, MOUTH EXAM (patient is an adult)	D1110 Prophylaxis-adult	D1110 is for prophylaxis, adult patient only. Use one additional code in the range D0120 – D0180 if an exam is performed at the same time.
D1001 (patient is an adult)	D0120 Periodic oral examination	

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D1001 (patient is an adult)	D0140 Limited oral evaluation - problem focused	
D1001 (patient is an adult)	D0150 Comprehensive oral evaluation - new or established patient	
D1001 (patient is an adult)	D0160 Detailed and extensive oral evaluation - problem focused, by report	
D1001 (patient is an adult)	D0170 Re-evaluation - limited, problem focused (Established patient; not post-operative visit)	

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D1001 (patient is an adult)	D0180 Comprehensive periodontal evaluation - new or established patient	
D1001 (patient is a child)	D1120 Prophylaxis-child	D1120 is for prophylaxis, child patient only. Use one additional code in the range D0120 – D0180 if an exam is performed at the same time.
D1001 (patient is a child)	D0120 Periodic oral examination	
D1001 (patient is a child)	D0140 Limited oral evaluation - problem focused	

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D1001 (patient is a child)	D0150 Comprehensive oral evaluation - new or established patient	
D1001 (patient is a child)	D0160 Detailed and extensive oral evaluation - problem focused, by report	
D1001 (patient is a child)	D0170 Re-evaluation - limited, problem focused (Established patient; not post-operative visit)	
D1001 (patient is a child)	D0180 Comprehensive periodontal evaluation - new or established patient	

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D1210 SODIUM FLUORIDE APPLICATION	D1203 Topical application of fluoride (prophylaxis not included)-child	D1203 is used when the patient is a child.
D1210	D1204 Topical application of fluoride (prophylaxis not included)-adult	D1204 is used when the patient is an adult.
D1511 LINGUAL ARCH WIRE	D8210 Removable appliance therapy	
D2310 ACRYLIC OR PLASTIC RESTORATION	D2330 Resin-based composite - one surface, anterior	Use the appropriate code to indicate the number of surfaces.

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D2310	D2331 Resin-based composite - two surfaces, anterior	
D2310	D2332 Resin-based composite - three surfaces, anterior	
D2310	D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior)	
D2891 DOWEL CROWN	D2952 Cast or prefabricated post and core in addition to crown	

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D5210 UPPER PARTIAL DENTURE ACRYLIC	D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	
D5240 LOWER W/GOLD OR CHROME LINGUAL BAR	D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	
D5260 PARTIAL UPPER DENTURE WITH GOLD	D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	

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D9090 SPECIAL DENTAL PROCEDURE	D2999 Unspecified restorative procedure, by report	
D9091 SPECIAL DENTAL PROCEDURE	D7999 Unspecified oral surgery procedure, by report.	
D9435 OFFICE VISIT	D0120 Periodic oral examination	Use the appropriate code for the level of care.
D9435	D0140 Limited oral evaluation - problem focused	

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D9435	D0150 Comprehensive oral evaluation - new or established patient	
D9435	D0160 Detailed and extensive oral evaluation - problem focused, by report	
D9435	D0170 Re-evaluation - limited, problem focused (Established patient; not post-operative visit)	
D9435	D0180 Comprehensive periodontal evaluation - new or established patient	

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D9435	D9430 Office visit, no other services performed	